

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov

**RE-ROOFING PERMIT APPLICATION****Project & Owner Information**

Project Address		P.I.N.	
Type of Property: <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Fam. (3-8 Units) <input type="checkbox"/> Multi-Fam. (9+ Units) <input type="checkbox"/> Commercial/Industrial			
Company / Business Name (if commercial)			
Owner's Name	Phone	Fax/Email	
Owner's Address	City	State	Zip

Roofing Contractor **If applicant is exempt from State License, the Affidavit for Roofing Permit must be completed.

Company		Contact Person	
Address		City	State Zip
Phone	Fax	License # <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited	

Description of Work: Will You be replacing any roof sheathing? ☐ Yes ☐ No
☐ Complete Tear Off and Re-Roof ☐ Repair ☐ Overlay ☐ Replace Sheathing ☐ Other:

Total Cost of Project (Labor, Materials, Overhead & Profit): \$	Expected Start Date:	Expected Completion Date:
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Signature X

Date:

How do you prefer to receive your permit?
☐ Fax / ☐ Email:


 PLEASE REMOVE BOTTOM PORTION AND DISPLAY AT JOB SITE

▼ THIS SECTION TO BE COMPLETED BY CITY STAFF ▼

**ROOFING PERMIT**

ADDRESS _____

CONTRACTOR _____ LICENSE # _____

DATE OF PERMIT _____ PERMIT # _____

▶ ▶ If a Dumpster is to be on a Public Street, a Right of Way permit is required. – Call (815) 967-6744

Approved By: _____ Approval Date: _____	Permit Fee (1010-1000-60221)	\$ _____
	Tech Fee (1010-1000-60228)	\$ _____
	Total Fees:	\$ _____
		[Invoice No.: _____]